

**SCHEDULE OF FEES FOR
TOWN MUTUALS**

Ref: Sections 601.32 and 601.42,
Wis. Stat.*



Wisconsin Office of the
**COMMISSIONER
OF INSURANCE**

State of Wisconsin
Office of the Commissioner of Insurance
P. O. Box 7873 Madison
WI 53707-7873

INSTRUCTIONS: File this form along with the Fire Dues form as one document through the Financial Filing Portal by **March 1st**. For remittances, please refer to oci.wi.gov/Pages/Companies/PremiumTax.aspx

| | | |
|---|------------------|--------|
| Insurer Name | | |
| Individual Responsible for Preparing Form | Telephone Number | E-mail |

For Year Ending December 31, _____

All Subject Insurers

| | |
|--------------------------------------|----------|
| 1. Certificate of Authority Fee..... | \$100.00 |
|--------------------------------------|----------|

Town Mutual Insurers

| | |
|---|--|
| 2. Fire Department Dues (Line 9, Fire Dues Form)..... | |
| 3. Less Any Overpayment From Previous Year..... | |
| 4. Quarterly Fire Department Dues Payments to Date..... | |
| 5. Net Fire Dues Payable | |
| 6. TOTAL AMOUNT DUE (Lines 1 and 5)..... | |

IF NEGATIVE AMOUNT, OVERPAYMENT WILL BE APPLIED TO QUARTERLY INSTALLMENT DUE APRIL 15.

I certify that the above statement is a true and correct representation of amounts due the state of Wisconsin.

| | |
|------------------|---------------------------------|
| Title of Officer | Name of Officer (Type or Print) |
| Date | Signature of Officer |

* OCI may treat some or all of the information reported as public under ch. 19, Wis. Stat. If you believe your response contains proprietary confidential information, please identify the basis for your claim. A claim of confidentiality does not guarantee exemption from disclosure.